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| **AGRICULTURE VICTORIA – Veterinary Diagnostic Services****AgriBio Specimen Reception****5 Ring Road, La Trobe University.****Bundoora, Victoria, 3083****Phone: (03) 9032 7515 Fax: (03) 9032 7604****Email: vet.diagnostics@ecodev.vic.gov.au**  |  |
| Record of Disease Event (RODE) and Laboratory Submission |  |

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|  **ICT VALIDATION IN SHEEP – POPULATION 2****Interim copy: Final copy: (please tick box)**  |
| **Owner’s Name**  ………………………………………………………………………………………………………..Trading/property Name ..……………………….…… PIC

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Farming system …………………………..…………………Property Address ……………………………………………………………………………………………………………………………………………………………………………………………… Postcode ………………………Phone (…...) Email **Contact name (if different from owner):** ……………………………………………………………………………Phone (…...) Email  | ***Lab Use Only*** Accession No. Duty Path:………..…………………….. |
| **SENDER Karen Moore; Jaimie Hunnam****Practitioner name**:………………………………………………………………………..……….…………Practice/Company:………………………………………………………………………………..……………………. Postal Address …………………………………………………………………………..…..Postcode ………………Phone: (…….) ……………………………………..…….. Email: ……………………………………………….. |
|  **Previous/related lab numbers**: ………………………………………………………………………………….. |
| **Date of investigation**…..../ ……../ ……… | **Date of sample collection**……./ ……./ ……. | **Date of first case**……./ ……./ …….. |  **Date of most recent case**.……./……../……. |
| **Reason for****Submission****(please tick)** | **Significant Disease Investigation (SDI) Transmissible Spongiform**  **Encephalopathy (TSE)** **Name of authorising DVO**: ………………………….…**Date authorised** ..…. / ….... / ……. | **☒ Other**  **ICT Validation in sheep** |
| **Species****SHEEP**………………… | **Breed**…………………………..….. | **Age**……….… | **Sex**………… | **Total of species on property\***…..……………. | **No. susceptible\*\***……………. | **No. examined**…………… | **No. Sick**……….. | **No. Dead**………. |
| \* Total number of animals of species of interest on that property, regardless of age and/or sex\*\* Total number of animals of species of interest on the property that could potentially be susceptible to the investigated condition(s) (e.g. abortion = females of breeding age only). NOTE: Number susceptible, number sick and number dead are mutually exclusive groups. |
| **History and predisposing factors**  ( \*\* to be eligible for ICT Validation study, the sheep must have experienced sudden death \*\*)……………………………………………………………………………………………………. …………………………………………………………..……………………………………………………………………………………………………………………………………………………...................**Clinical assessment (including condition score)** …. ……………………………………………………………………………………………….……..……………………………………………………………………………………………………………………………………………………...................……………………………………………………………………………………………….……………………………………………………………………………………………………………...**Post mortem findings/lesions** (\*\* if suspicious of anthrax – **DO NOT** conduct a post-mortem \*\*) Not applicable……………………………………………………………………………………………………………………………………………………..................………………………………………………………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………………………………………………….. |
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| **PRIMARY SYNDROME** | If unknown, please tick box  |
| **DIFFERENTIAL DIAGNOSIS** | **Predominant basis for differential diagnosis** |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| ***Agriculture Victoria staff use only:*** |
| **Evidence Bag codes:** (e.g. 004008A) | **Evidence Bag 1 code**:……………………………….. | **Evidence Bag 2 code**:……………………………….. | **Evidence Bag 3 code**:……………………………….. | **Evidence Bag 4 code**:……………………………….. |

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| Specimen Information: |
| ***(AgVic staff use only)*****Evidence Bag Number** |  **Animal Identification** | **Nature and No. of Specimens** |  **Investigations Requested** |
|  |  | **Blood (EDTA)** | **Smear, bacterial culture and PCR for anthrax** |
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| **FINAL DIAGNOSIS** If unknown, please tick box | **Predominant basis for final diagnosis** |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| **Additional comments, including cost of the outbreak and recommendations to producer/AgVic:** |
| **Further information: contact your local Agriculture Victoria District Veterinary Officer (DVO) or the DEDJTR Customer Service Centre on 136186, or visit** [**www.agriculture.vic.gov.au**](http://www.agriculture.vic.gov.au)Fax or email interim and final copies of this form to the DVO who approved the investigation.South West – email: sw.ag@ecodev.vic.gov.au South-East – email: se.ag@ecodev.vic.gov.auNorthern – email: northern.ag@ecodev.vic.gov.auWhen the investigation is finalised, the following must be provided to the DVO for payment to be processed:* A copy of the laboratory report(s)
* Final, typed Record of Disease Event (RODE) and Laboratory Submission form
* Copy of the practice invoice to your client
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